

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333**

REQUEST FOR TASK ORDER PROPOSAL

Date Issued: *May 11, 2004*

Date Response Due: **June 2, 2004**

Request for Task Order Proposal (RFTOP) NO.: 178 (CDC2)

Title: Marketing, Media and Creative Services to Support Technical Information and Communications Branch's (TICB) Communication Initiative 2004

Under this task, the contractor will perform selected activities associated with the Advancing HIV Prevention initiative including new creative development, revisions to existing creative and other communication materials.

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as Task 6.

Page Suggestion:

CDC suggests that contractors limit their proposals for this Task Order to no more than 15 pages for the technical proposal. CDC reviewers value economy of language and precision in explanation. Applicable examples of previous work, staff work qualifications and other ancillary materials should be provided in appendices.

Budget format suggestion:

CDC suggests that Contractors provide in an MS Excel spreadsheet an itemized budget for each Task and deliverable listed, rolled up into a single budget encompassing all Tasks.

Funding Range:

- ☐ Under \$100,000
- ☐ Over \$100,000 but less than \$300,000
- ☐ Over \$300,000 but less than \$500,000
- XX ☒ Over \$500,000 but less than \$700,000
- ☐ Over \$700,000 but less than \$1,000,000
- ☐ Over \$1,000,000

Background

The purpose of this Task Order is to solicit bids from experienced communications companies with the expertise to execute a branded identity for all communications programs across various media to a variety of audiences. This will include templates for various communication components that provide uniformity, recognition, reinforcement, and efficiency across all channels of communication.

It is critical to the success of the campaigns that the firm has experience developing social marketing campaigns that reach the public as well as healthcare professionals in both the private and public sectors.

Current Situation — HIV Epidemic in the U.S.:

In several U.S. cities, recent outbreaks of primary and secondary syphilis among men who have sex with men (MSM) and increases in newly-diagnosed human immunodeficiency virus (HIV) infections among MSM and among heterosexuals have created concern that HIV incidence might be increasing. In addition, declines in HIV morbidity and mortality during the late 1990s attributable to combination antiretroviral therapy appear to have ended. Until 2003, CDC has mainly targeted its prevention efforts at persons at risk for becoming infected with HIV by providing funding to state and local health departments and non-governmental community-based organizations (CBOs) for programs aimed at reducing sexual and drug-using HIV transmission/risk behavior. Some recent programs have focused on prevention efforts for persons living with HIV. Recently, due to clinical testing and improved medical management, there has been success in reducing maternal-to-infant transmission of HIV. Through universal perinatal screening, these dramatic results can continue for improved maternal health and ultimately the prevention of the majority of pediatric AIDS cases.

Funding HIV-prevention programs for communities heavily affected by HIV has promoted community support for prevention activities. At the same time, these communities recognize the need for new strategies for combating the epidemic. In addition, the approval of a simple rapid HIV test in the United States creates an opportunity to overcome some of the traditional barriers to early diagnosis and treatment of infected persons. Therefore, CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government agencies and non-governmental agencies launched a new initiative in 2003, ***Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP)*** (www.cdc.gov/hiv/partners/ahp.htm).

Communications Programs:

The goal of AHP is to reduce HIV transmission. AHP is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services for those diagnosed with HIV. The AHP website pages include descriptions of AHP and how it is to be implemented, as well as other guidance and information critical to its success. AHP will modify the balance between HIV prevention programs and HIV testing programs that motivate people to learn their HIV status, and refer newly identified HIV-infected persons to counseling and care. AHP will be undertaken by all branches of the Division of HIV and AIDS Prevention (DHAP) at CDC. However, the focus of this Task Order, which reflects the charge of the Technical Information and Communications Branch (TICB), will pertain to the following key programs implemented by TICB.

- 1) Development and implementation of a social marketing campaign to healthcare professionals to reduce maternal-to-child transmission of HIV by addressing the barriers to perinatal HIV testing
- 2) Implementation of a social marketing campaign to healthcare professionals in the private and public sector to gain support of and incorporate CDC's *Prevention in Care Recommendations* into the routine medical care of persons living with HIV
- 3) Consult on the development of a social marketing campaign to make HIV testing a routine part of medical care

Following is background for each program followed by specific Tasks that the Contractor needs to respond to for review and approval by the Government.

Background by Task:

1) Development and implementation of a social marketing campaign to healthcare professionals to reduce maternal-to-child transmission of HIV by addressing the barriers to perinatal HIV testing (Task 1)

During the early 1990s, before perinatal preventative management options were available, approximately 1,000-2,000 infants were born with HIV infection in the United States annually. Between 1992 and 1997, the perinatally acquired AIDS cases declined by 66% and much of this success is attributed to the widespread utilization of Public Health Service Recommendations which address obstetrical counseling, HIV testing and pharmacological treatment during pregnancy, delivery, and for the infant after birth as clinically needed. Although prevention of perinatal HIV infection has been a major public health success story in the United States, there is more work to be done.

Fortunately, there is a significant chance for success with appropriate clinical management following early detection of HIV in a woman who is either planning to conceive or actually pregnant. Perinatal HIV transmission rates among HIV infected women who begin antiretroviral therapy during pregnancy are as low as 2% or less compared to 12% among women who do not receive preventive treatment until labor and delivery. For infants born to women who receive no treatment throughout pregnancy, there is a 25% chance of becoming HIV positive according to clinical trial data.

The purpose of this creative project will be the development of materials and campaign elements for a social marketing campaign that will reach healthcare providers who deliver obstetrical services. Specifically, this project will support public health recommendations related to perinatal HIV prevention and detection; the ultimate goal will be to encourage *opt-out* (routine) perinatal screening with appropriate clinical treatment as indicated in all types of prenatal settings including public, private and academic services. Another specific goal will be to change provider practice patterns for the consistent inclusion prenatal counseling regarding HIV prevention at the first OB appointment and during the third trimester. This campaign will also introduce new technology such as rapid testing as an alternative method to promote screening (preferable during the early prenatal period, but also during labor or delivery if previous status is unknown).

Audience:

Healthcare professionals who provide obstetrical/gynecological services in the United States will be the primary target population for this campaign, specifically, obstetricians/gynecologists and certified nurse midwives.

Items from CDC appropriate for preparation of proposals:

- ◆ ***Rapid Point-of-Care Testing for HIV-1 During Labor and Delivery---Chicago, Illinois, 2002*** (MIRIAD study) MMWR September 12, 2003 (pp. 886-888).
<http://www.cdc.gov/mmwr/PDF/wk/mm5236.pdf>

- ◆ ***HIV Testing Among Pregnant Women ---United States and Canada, 1998-2001***MMWR 2002; 51(45) November 15, 2002 (pp. 1013-1016).
<http://www.cdc.gov/mmwr/PDF/wk/MM5145.pdf>
- ◆ *This document may be helpful, but the deliverables of this RFTP will relate to prevention and detection rather than treatment opportunities for healthcare providers:*

U.S. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States (living document)

http://www.aidsinfo.nih.gov/guidelines/perinatal/PER_112603.pdf

- ◆ Pediatric AIDS Surveillance information per states and cities in the United States (all cases reported-cumulative). www.cdc.gov/hiv/stats/hasr1302.htm
- ◆ Refer to American College of Obstetricians and Gynecologists (ACOG), which is the professional organization for healthcare providers who provide obstetrical services.
www.acog.org
- ◆ Refer to the ACOG press release about universal perinatal HIV screening:
http://www.acog.org/from_home/publications/press_releases/nr05-23-00-2.cfm

2) Implementation of a social marketing campaign to healthcare professionals in the private sector to incorporate CDC's *Prevention in Care Recommendations* into routine care of persons living with HIV. (Task 2)

Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons may require ongoing prevention services to change their HIV transmission behavior or to maintain the change. In 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, published *Recommendations for Incorporating HIV Prevention into the Medical Care of Persons living with HIV (Recommendations)*.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

Each person living with HIV who adopts safer behavior can prevent many transmissions of HIV infection. There is much evidence that upon learning one is HIV positive, infected persons reduce their risk behaviors and the likelihood of transmitting HIV to partners. Among persons testing positive for HIV, there was a 70% reduction in reported risk behavior at 1 year after diagnosis. Among persons testing negative for HIV, those receiving enhanced risk reduction counseling had only 18% fewer sexually transmitted infections at 1 year after testing compared with persons receiving standard counseling. These studies suggest that working with HIV-infected persons will result in greater reductions in risk behaviors and HIV transmission than working with HIV-negative persons.

In studies of partner counseling and referral services, researchers found that 8 - 39% of partners of persons with HIV infection who were tested were found to have previously undiagnosed HIV infection. Because of this finding, CDC will increase emphasis on assisting HIV-infected persons in notifying partners of their recent exposure and ensure voluntary testing of partners.

Prevention interventions including ongoing case management, focused risk-reduction counseling, medical interventions, and support for other psychosocial stressors, are recommended under this initiative to help HIV-positive persons maintain protective behaviors.

The Recommendations provide the needed guidance for both private and public sector healthcare (HC) professionals to deliver prevention messages to their patients living with HIV. Research has shown that HC providers exert a strong influence on their patients' behavior. Discussions with HC providers indicate that science-based prevention guidance and interventions for their HIV-infected patients are needed. These Recommendations help fill that need.

CDC will work with primary care physicians, infectious disease specialist, allied healthcare professionals, and provider associations/ organizations to develop and disseminate communications about the Recommendations. The goal is to motivate providers in the private sector to integrate the Recommendations into the routine medical care of persons living with HIV. These Recommendations are a key component of AHP and support the objectives of the overall Strategic Plan.

Reduction of further transmission of HIV in the United States requires new strategies including emphasis on prevention of transmission by HIV-infected persons. Healthcare providers can significantly impact HIV transmission by:

- Screening HIV-infected patients for HIV-transmission behaviors
- Communicating prevention messages to HIV-infected patients
- Discussing HIV-transmission behaviors (sexual and drug-use behavior issues)
- Referring patients for services such as substance abuse treatment and support groups
- Referring for partner counseling and other services
- Reinforcing the behavior changes to safer behaviors
- Identifying and treating sexually transmitted diseases

Additional Resources:

- ◆ *Healthcare Experiences of Women with HIV/AIDS*
<http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=24106>
- ◆ Integrating HIV Prevention into the Care of People with HIV — **HIV InSite Knowledge Base Chapter, February 2004**
<<http://hivinsite.ucsf.edu/InSite.jsp?page=kb-07-04-17>>

3) Consult on the development of a social marketing campaign to make HIV testing a routine part of medical care (Task 3)

An estimated 40,000 new HIV infections still occur in the United States each year. An estimated one quarter of the 850,000 to 950,000 people living with HIV in the United States does not yet know they are infected. In addition, data from several studies have shown increases in syphilis diagnoses among men who know that they are infected with HIV, suggesting increases in risk behaviors among people living with HIV and their partners.

There are many benefits to early knowledge of HIV infection, including early entry into treatment to prevent illnesses that arise from a weakened immune system, treatment of other conditions like substance abuse and sexually transmitted diseases, and access to social services and medical treatments, when appropriate. HIV-infected persons in care are now living longer than before thanks to new highly-effective treatments.

In addition to these personal benefits, knowledge of one's HIV infection can help prevent spread of the infection to others. When people know that they are infected with HIV, they are significantly more likely to protect their partners from infection than when they were unaware of their infection.

About 40% of HIV-infected people first find out that they have HIV less than 1 year before AIDS diagnosis. On average, it takes 10 years after HIV infection for symptoms of AIDS to appear. People who have their first HIV test close to getting an AIDS diagnosis have been infected and not known it, possibly for many years, potentially passing the infection to their partners. Early diagnosis of HIV enables infected persons and those close to them to take steps to prevent transmission.

If a person with HIV is tested, learns their status, and has access to appropriate treatments, the amount of virus in the body can be reduced, which may decrease the risk for transmission to partners.

Routine voluntary screening for disease is a basic and effective public health tool used to identify unrecognized medical conditions so that treatment and other services can be offered. HIV screening meets the three generally accepted principles that apply to screening efforts:

- It is a serious disease that can be detected before symptoms occur using a reliable and inexpensive test.
- Treatment given before symptoms develop is more effective than waiting until after symptoms develop.
- Cost of screening is reasonable compared with anticipated costs of late diagnosis of infection.

Screening all persons in high-prevalence medical settings, regardless of what if any HIV risks are reported, makes sense because testing based on reported or perceived risk alone fails to identify many HIV-infected persons. Acceptance of HIV testing is greater when it is offered routinely than when it is based on risk assessments and can be done in a similar manner as other routine tests, e.g. cholesterol and diabetes screening.

The rapid HIV test can be done quickly in a clinical office setting even when there isn't a traditional laboratory. This can reduce the time it takes to process tests from 2 weeks to 20 minutes. The availability of these tests means testing can be implemented and essential health information and counseling can be provided quickly. Rapid HIV tests provide opportunities to dramatically increase the number of people who know their HIV status, receive care, and enter the HIV-prevention system.

Additional Resources:

- *HIV Testing in the United States*
<http://www.kff.org/hivaids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14384>
- *Centers for Disease Control and Prevention (CDC), National Prevention Information Network (NPIN)*
<http://www.cdcnpin.org/scripts/index.asp>
- *Effectiveness in Disease and Injury Prevention Impact of New Legislation on Needle and Syringe Purchase and Possession — Connecticut, 199, MMWR, March 5, 1993 / Vol. 42 / No. 8*
<ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4208.pdf>
- *Revised Guidelines for HIV Counseling, Testing, and Referral, Technical Expert Panel Review of CDC HIV Counseling, Testing, and Referral Guidelines, MMWR, Recommendations and Reports, November 9, 2001, 50(RR19); 1-58*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>
- <http://www.cdc.gov/mmwr/PDF/wk/mm5225.pdf>

Description of work by Task:

Task 1: Development and implementation of a social marketing campaign to healthcare professionals to reduce maternal-to-child transmission of HIV by addressing the barriers to perinatal HIV testing

This Task will involve the development and implementation of creative materials to reach healthcare professionals who provide obstetrical services in the United States.

This social marketing campaign requires a three-pronged approach for creative development and implementation. The work required for this Task Order will be divided into these categories:

- Creative development and testing for provider and patient products
- Professional product and service implementation
- Patient material preparation

Campaign Objectives:

- Increase the number of healthcare providers in all settings who offer HIV testing as *opt-out* practice for their pregnant patients (ideally at the first OB visit and at the start of the third trimester).
- Increase the number of rapid tests performed at labor and delivery on women with unknown HIV status.
- Improve the acceptance of and HIV screening test by perinatal patients early in the pregnancy (first trimester) or at the point of initiation of obstetrical care.

Campaign Strategies:

- Educate healthcare providers on the benefits of an *opt-out* approach to offering HIV testing.
- Create public/private partnership groups with leading national organizations which influence practice guidelines. These partnership relationships can disseminate information and provide endorsement and support of CDC HIV testing recommendations for pregnant women.
- Facilitate discussion between prenatal patients and their obstetrical providers about HIV testing.

Target Audience:

Healthcare professionals who provide obstetrical and gynecological services in the United States will be the primary target population for this campaign, specifically, obstetricians/gynecologists and certified nurse midwives.

Formative research will be conducted under a separate Task Order. The learnings from the research will be available to inform the creative development of the products in this Task Order.

Task 2: Implementation of a social marketing campaign to healthcare professionals in the private to incorporate CDC's *Prevention in Care Recommendations* into routine care of persons living with HIV

Campaign Objectives:

- To increase awareness and educate healthcare (HC) providers on the Recommendations
- To integrate the Recommendations into routine medical care of persons living with HIV
- To improve patient/ HC professional dialogue on the topic of HIV/AIDS and prevention behaviors

Campaign Strategies:

- Deliver messages that tap into the willingness of HC professionals in the private sector to be more involved in HIV prevention in the medical setting for their patients living with HIV
- Equip physicians with skill sets to incorporate assessment, screening, implementation of behavioral interventions, and providing partner counseling and referral services
- Partner with professional associations/ MCOs/ and other agencies/organizations, such as HRSA, Medicaid, NASTAD, and Community Health Centers to continue to endorse the Recommendations, maximize dissemination, and exert influence with their members to incorporate the Recommendations into routine medical practice.
- Gain endorsement of the Recommendations from leading HIV physician experts as well as influential physicians, such as the Surgeon General
- Develop messages that will influence physician attitudes about implementation of the principles and science-based approaches within the Recommendations

Target Audience:

- Primary Care physicians
- Infectious Disease specialists
- Allied Healthcare professionals who treat persons living with HIV in the private sector

The formative research conducted in FY03 will inform the creative development, implementation, and distribution of specific products for the professional audiences and their patients.

Task 3: Consult on the development of a social marketing campaign to make HIV testing a routine part of medical care

This Task involves the development of creative materials that will reach healthcare professionals who provide primary care in the private sector. In addition, it will involve planning and making recommendations for the most relevant communication channels to reach the audience.

CDC will work with professional medical associations and other partners to ensure that all healthcare providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests.

The work outlined below will be informed by formative research. Formative research will be conducted with healthcare professionals to inform CDC and Contractor on the specific messages and elements that best meet the needs of the target audience. **Formative research will be conducted under a separate Task Order.**

Goal:

- To increase the number of persons who know their HIV status

Campaign Objectives:

- To make HIV testing a routine part of medical care

Campaign Strategy:

- Incorporate HIV testing into routine medical care

Target Audience:

- Healthcare professionals who provide primary care in the private sector

Items from CDC appropriate for preparation of proposals:

Resources for the preparation of this RFTOP are provided as URLs in the background information under each Task.

Item from CDC appropriate for task completion:

The Government will provide technical and background information, including preparation of scientific data, if needed, and any available art work and formative research reports to support the creative development. The Government will provide assistance to the Contractor in scheduling meetings and/or other communications with CDC/NCHSTP/TICB staff.

Deliverables by Task:

Task 1**Contractor will deliver under this Task:**

Creative Development:

- Develop a creative brief for this campaign
- Develop materials (including copy and graphics that compliment other social marketing campaigns developed by TICB) for program implementation.

Materials will be evaluated under a separated Task Order.

This social marketing project will have a broad approach to reach practitioners who serve many types of obstetrical clients in a variety of private, academic and public health settings (including PPOs, solo and large practice groups). Creative products will be prepared in camera-ready or broadcast quality fashion and subject to NCHSTP (CDC) and HHS clearance. Materials will be produced by the Government; though some products such as exhibit panels may be produced by Contractor.

Professional products: Contractor recommendations are encouraged as well as creative suggestions related to the types of products and services that might be developed to meet the objectives of this campaign.

1. **Provider Tools:** *Opt-out* resources including counseling tips.
Develop product prototypes for materials which will be used to support universal opt-out screening. Products may include, but are not limited to the following:
 - a. palm cards for physicians and midwives featuring counseling tips to support HIV screening and counseling
 - b. obstetrical *calendar wheel* which holds date information on one side for delivery projections and screening/diagnostic guidelines on the other side according to CDC and ACOG recommendations

These products may be used in conjunction with a tool-kit created by ACOG, but could also be disseminated independently at CME events and exhibits as examples.

2. **Patient education materials** may include but are not limited to:
 - Office posters and pamphlets. Also, a poster depicting all of the screening tests (and other types of diagnostic assessments performed at the first OB visit) is one example for this type of products.
 - Tools to support healthcare provider delivery of informed consent and counseling related to HIV assessment and prevention of transmission will be developed as a part of this agreements: samples may include CD ROM programs & patient videos.
3. **Exhibit panels**
Design and produce exhibit panels for the CDC booth that is used at professional meetings. Panels should deliver a compelling message to the physician or nurse provider in support of universal HIV testing during the perinatal period.
4. **Two Workshops/ Symposia:** ACOG (150 attendees at the annual convention and 50 attendees at a regional post-graduate meeting)
Contractor will:
 - Develop educational materials
 - Coordinate the logistics for the workshop
 - Prepare meeting information from faculty presentations (CDC will provide content and faculty). There may be some guest faculty.
 - Transcribe lectures and convert to enduring materials that will be distributed at future events.
 - Possibly develop a single supplement edition as a post-workshop publication in a professional peer-review journal, like the “green journal”, *Obstetrics and Gynecology*. Creative ideas are welcome for a marketing and distribution plan of this product.
 - CDC will award the CME credits unless these are not provided through the sponsoring organization.

Campaign Evaluation: will be completed under a separate Task Order by a separate contractor.

Task 2

Contractor will deliver under this Task:

- **Provider “Tool Kit”** – Develop a tool kit that contains materials to assist HC providers:
 - Incorporate science-based HIV risk reduction interventions into the routine care of their HIV-infected patients’ office visits
 - Initiate patient discussions about sex and drug-use behaviors in simple, everyday language
 - Understand underlying causes of and issues related to HIV transmission behaviors among HIV-infected persons (e.g., domestic violence) and link providers to community resources for patient/ partner referrals and risk reduction counseling
- **In-Office Materials** – Develop materials to include but not limited to:
 - Patient Education Brochure about reducing HIV-transmission behavior
 - Office Poster

- **Exhibit panels**
Design exhibit panels for the CDC booth that is used at professional meetings. Panels should deliver a compelling message to physicians motivating them to incorporate the Recommendations. Graphics should be recognizable and compatible with all other collateral materials developed to create a uniform identity across all communication channels.
- **Communication Channels** – Contractor will make recommendations on the types of materials and communication placement and/or events to reach healthcare professionals and motivate them to incorporate the *Recommendations* into the routine care of persons living with HIV including innovative ways to springboard from the deliverables above.
- Contractor will provide the materials for each campaign element and make all necessary revisions to those materials for one 3-city round of formative research. All materials will be produced by the Government. Contractor will develop content, design format of the materials and provide the Government with production-ready disks.
- Contractor will participate in meetings and conference calls as needed and plan to attend the formative research.
- Contractor will submit weekly status reports to keep CDC updated on the progress of the campaign materials development.

Any formative research that may be needed will be conducted under a separate Task Order.

Task 3

Contractor will deliver under this Task:

- **Advisory and consultative services** to CDC during the formative research process including reviewing research reports, attending program development meetings and attending at least one focus group.
- **Develop draft messages** for the second round of the formative research.
- Make recommendations on the strategic approach for the campaign and channels of communication.

Formative Research will be completed under a separate Task Order

Additional Deliverables:

- Contractor will meet with Project Officer and other designees via conference call within one week of signed Task Order.
- Within one week of signed Task Order, Contractor will develop an execution plan that includes timelines for each task and tracking of the progress of these tasks.
- Contractor will deliver all creative in a format that can be used by the Government to produce materials.
- Participate in meetings, training, formative research, and conference calls as needed.
- Submit regular monthly reports that detail services, impressions, concerns, recommendations and other information necessary that track the status and updates on the progress of the campaign.
- Make recommendations on the communication tools/programs, based on the formative research, and develop the art and copy for these tools for use in the professional medical environment and the public health sector, depending on the audience specific to each campaign.
- Deliver all final creative in a print-ready format so it can be printed by the Government.

Period of Performance:

From award through August 31, 2006 (or 18 months from date of award)

Special Clearances:

The Government will obtain necessary Departmental clearances and approvals for all materials. The Contractor will submit all materials for approval by the Technical Monitor prior to final production and use.

Check all that apply:

☐ OMB
☐ Human Subjects
☐ Privacy Act

Production Clearances:

☐ 524 (concept)
☐ 524a (audiovisual)
☐ 615 (printing)

Evaluation Criteria:

- A. Award: This Task Order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.
- B. Technical evaluation for this RFTOP are as follows:

<u>Criteria</u>	<u>Points or Relative Value of Criteria</u>
Technical Approach	25%
Staffing and Management	15%
Similar Experience	20%
Expert Recommendations	25%
Prior Experience	15%

Criteria Defined:

Technical Approach:

Contractors are to provide a discussion of their technical approach for providing the services required for this Task Order.

This criteria will be evaluated according to the soundness, practicality, and feasibility of the contractor's technical approach for providing the services required for this Task Order.

Staffing and Management:

Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this Task Order; and (2) a management plan that describes their approach for managing the work, to include subcontract management if applicable.

This criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this Task Order.

Similar Experience:

Provide information reflecting the contractor's organizational capacity for projects similar in complexity and scope.

This criteria will be evaluated to determine appropriate experience of assigned personnel.

Expert Recommendations:

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task.

This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.

- C. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's cost proposal.
- D. Past performance evaluations will be considered in the award process.

Proposed Technical Monitor:

Project Officer: Galen Cole, Office of Communication